

# Here's your GMFCU Refer-A-Member Form!

- Yes, I have confirmed with the following family members that they would like to join Greensboro Municipal Federal Credit Union, OR
  - Yes, I have confirmed with my fellow \*business associate(s) that they would like to join Greensboro Municipal Federal Credit Union.
- \*My company is a Select Employee Group Business Partner with GMFCU.

My Membership Number (required)

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Sponsor Member's Signature/Phone/Email

Name(s) of Referrals:

**1**

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**2**

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**Please return completed form to:**

**Greensboro Municipal Federal Credit Union**

Member Services: 217 N. Greene St, Greensboro, NC 27401 Fax to: 336.373.5896  
or 2200 Soabar St., Greensboro, NC 27406 336.335.5556